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APPlicants

Katherine M. Aldred, Saugus, MA;

**** CONTINUING DATA *******

16 June

**** FOREIGN APPLICATIONS *******

Y6 Name

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 11/11/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after met	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>					
Verified and Acknowledged	<u>Allowable</u>		Examiner's Signature	Initials		

ADDRESS

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TITLE

Transdermal method and apparatus

FILING FEE RECEIVED 375	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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